

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



D.C. MEDICAL CARE ADVISORY COMMITTEE (MCAC)

Location: Virtual Meeting via WebEx

Wednesday, May 27, 2020

5:30 p.m. to 7:30 p.m.

MEETING MINUTES

ATTENDEES:

MEMBERS:

Elizabeth Garrison, SOME
Sharra Greer, Children's Law Center
Robert Hay Jr., MSDC
Mark LeVota, DC Behavioral Health Assoc.
Judith Levy, DC Coalition on Long Term Care
Justin Palmer, DCHA
Ian Peregol, Coalition of Disability Service Providers
Eric Scharf, Depression and Bipolar Alliance
Veronica Sharpe, DCHCA
Tamara Smith, DCPCA
Topher Spiro, Center for American Progress
Joe Weissfeld, Families USA
Christian Barrera, DACL
Melisa Byrd, DHCF
Dr. Barbara Bazron, DBH
Marsha Lillie-Blanton, DBH
Maude Holt, DC Ombudsman & Bill of Rights
Amy Maisterra, DCPS

GUESTS:

Claudia Schlosberg
George Aloth
Brandi Howard
Marjorie Rifkin
Nikhil Holla, CareFirst
Erin Loubier, Whitman-Walker Health
Sherri Giorgio, Gilead
Brandi Howard, MedStar
Linda Elam, Amerigroup
Julie Kozminski, Unity Health Care
Jose Leandro, La Clinica del Pueblo
Betty Gentle, SOME
Joyce Speaks
Phil Waters
Lauren Jones
Tim Sullivan
Barbie Boone

GUESTS CONT'D:

Rachel McLaughlin, Whitman-Walker Health
Carmencita Kinsey
Tollie Elliot
Ricardo Berman
Lauren Canary, NVHR
Karen Wills, Trusted Health Plan
Nevena Minor, DBH
Lindsay Djinge, Trusted Health Plan
Ilana Xuman, Leading Age DC
Bernard Arons, Amerigroup
Patricia Quinn, DCPCA
Charmekia Martin
Garlinda Bryant-Rollins, DHS
Pamela Riley, DHCF
Angelique Martin, DHCF
Ieisha Gray, DHCF
Lisa Truitt, DHCF
Monique Willard, DHCF
Robert Howard, DHCF
De Colman, DHCF
April Grady, DHCF
Amanda Forsythe, DHCF
Bill Hanna, DHCF
Erin Holve, DHCF
Alex Tierney, DHCF
Katherine Rogers, DHCF
Alice Weiss, DHCF
Kerda DeHaan, DHCF
Wayne Turnage, DHCF
Mary Devasia, DHCF
Melanie Williamson, DHCF
Taylor Woods, DHCF
Colleen Sonosky, DHCF
Kenneth Evans, DHCF
Dorinda White, DHCF
DaShawn Grove, DHCF

I. Call to Order

The meeting was called to order at 5:32 pm by Mr. LeVota, MCAC Chair.

II. Senior Deputy Director/Medicaid Director Report – Melisa Byrd

a. *DHCF – Budget Briefing*

Ms. Byrd provided an update on DHCF's FY21 Budget.

(For full details of the presentation, please visit DHCF's Website and click on the MCAC webpage. The slide deck is located under the May 27 Meeting Materials link.)

Ms. Claudia Schlosberg asked which recommendations from the Mayor's Commission on Healthcare Systems were funded by the \$4.8 million included in the budget. Ms. Byrd shared that funding was included to retain primary care and recruit specialty care providers in the health provisional shortage areas, to support the planning and development of the certificate of needs responsibilities, to increase the capacity of primary care providers to treat substance use disorders, to enable the exchange of electronic advanced directive forms among providers in the DHCF budget, to incentive assessment and sharing of social determinants of health, to implement the national emergency department overcrowding scores at acute care hospitals, to better connect prenatal to labor and delivery options with a focus on Wards 7 and 8, to conduct a quality improvement review of clinical licensure process, to conduct a study on sobering center implementation, and to implement cultural competence and implicit bias training for clinicians.

Ms. Karyn Wills asked if DHCF could identify the five new Centers of Excellence at Howard University. Ms. Byrd provided a [link](#) in the chat to the Mayor's April 30 press conference presentation. Slide 15 of the presentation lists the Centers of Excellence in sickle cell; women's health; oral health; trauma and violence prevention; and substance use and co-occurring disorders.

Ms. Angelique Martin, Deputy Director of Finance, discussed the budget formulation. Mr. Joe Weissfeld asked how the increase of \$35 million in Medicaid enhancement compares against what is expected to be needed to cover the expected increases in enrollment during the public health emergency. Ms. Martin, explained that DHCF reforecasted the FY20 budget to account for increased enrollment and enhanced funding during the public health emergency and that the \$35 million reflects the additional funding that is estimated to be needed due to the projected enrollment increases.

Ms. Schlosberg asked if the DSP grant was one-time funding. Ms. Martin confirmed that the funding is one-time.

Ms. Greer asked for clarification about which cohorts are anticipated to be moved to MCOs in FY21. Ms. Martin clarified that the cohorts include opt-out adults and adults receiving SSI. Ms. Elizabeth Garrison asked when MCOs begin paying APM rates to FQHCs. Ms. Martin clarified that all changes related to the MCOs are effective October 1, 2020 with the new MCO contracts.

Ms. Karyn Wills asked why physician services decreased 47% from FY20 to FY21. Ms. Martin explained that this is related to transitioning individuals from fee for service to managed care in FY21. The transition results in lower fee for service costs because of fewer individuals in fee for service. The expense is shifted resulting in an increase in the managed care payments to coincide with an increase in the population in managed care. Another individual asked via chat what

accounted for the 26 percent decrease in home health skilled care. Ms. Martin explained that the difference is a result of DHCF delaying the new rate methodology. The budget will support the current rate, current increase to support services but does not include the new rate methodology which was included in the FY20 budget.

Mr. Kenneth Evans, DHCF Chief Operating Officer and DCAS Administrator, provided information on changes to the DCAS system in FY21. Dr. Erin Holve, Health Care Reform and Innovation Administration Administrator, provided information on upcoming changes to the Health Information Exchange (HIE) in FY21.

Mr. LeVota acknowledged DHCF's goal of equal distribution of beneficiaries across the MCO plans and that the projected enrollment due to COVID increases enrollment by 70,000 beneficiaries shortly before the new MCO contracts begin, and then the projected enrollment drops off. He asked, what month is beneficiary assignment for the new contracts projected to occur and how DHCF thinking about maintaining equal distribution of beneficiaries as enrollment goes through the sharp increase and then more gradual, but still significant, drop off. Ms. Byrd shared that assignments should happen in September. After assignment beneficiaries will have the option to change plans to ensure they are enrolled in a plan that they think meets their needs. Ms. Byrd acknowledged that the budget is a projection and that the situation is fluid. There are a lot of variables including the fact that not everyone entering Medicaid will be enrolled in managed care, but it is an area DHCF will continue to monitor.

Ms. Erin Loubier asked if beneficiaries will stay in their health plan or will all beneficiaries be moved if some current plans health remain plans under the new MCO contract. Ms. Byrd replied that some individuals may remain in the same plan but that is not the primary consideration in doing assignments for equal distribution. The primary consideration is keeping families together. Furthermore, DHCF have been working hard to ensure a good exchange of data as beneficiaries may enter a new health plan.

Mr. Eric Scharf asked if the HIE provision only apply to Medicaid beneficiaries or other individuals in the city using other insurance products. Ms. Byrd stated that the HIE is available District wide and is not specific to Medicaid plans only. Providers can participate even if they are not connected to the DC Medicaid program.

Ms. Lauren Canary asked if MCOs have different levels of coverage, can that information be made available to enrollees as they choose a plan online. Ms. Byrd explained that the District has an enrollment broker responsible to work with individuals entering or currently in managed care to help them select a plan based on their needs. Furthermore, all plans must cover all Medicaid benefits the difference between plans is in the value added benefits that plans may choose to provide.

Ms. Alice Weiss, Health Care Policy & Research Administration Administrator, presented on behavioral health changes related to the 1115 behavioral health waiver in FY21. Dr. Holve, presented on the SUD provider demonstration waiver plans for FY21.

Ms. Ieisha Gray, Long Term Care Administration Administrator, and Ms. Katherine Rogers, LTC Program Manager, presented on long term care changes and plan for FY21.

A question from the chat asked if permanent changes to the Alliance re-certification process are included in the budget and if DHCF has begun to think about what it will do when the public health emergency ends and everyone who has been extended during the public health emergency

has to re-certify. Ms. Weiss stated that under the Mayor's public health emergency order allows us to waive face-to-face interviews. Once eligibility operations start after the public health emergency DHS and DHCF will reassess based on feasibility and public health guidance. DHCF will also need to work with CMS on how to recertify and renew eligibility after the public health emergency. Many states have already raised concerns to CMS about the need to phase the recertification period over time.

Ms. Sherri Giorgio, Gilead, asked if given the declining pharmacy costs, does the District plan to remove fibrosis score restrictions for Hepatitis C. Ms. Byrd shared that this is something DHCF had been talking about prior to the public health emergency. DHCF is still looking into this possibility.

b. DHCF Coronavirus (COVID-19) Response Update

Dr. Pamela Riley, Medical Director, provided an update on DHCF's efforts in response to COVID-19. *(For full details of the presentation, please visit DHCF's Website and click on the MCAC webpage. The slide deck is located under the Apr. 22 Meeting Materials link.)*

Mr. Smith asked if DHCF is considering extending the audio only telehealth changes. Ms. Byrd replied that DHCF made many changes very quickly related to telehealth including making home as an originating site. DHCF expects to keep that change. The audio only change is more difficult as the current local statute explicitly precludes audio only telehealth. Audio only will be extended as long as possible during the public health emergency.

III. New Business

a. MCAC By-Laws Discussion

Ms. Smith wanted to alert members that there will be a call for a vote on an amendment and the June meeting related to Article 8.3 terms of officers. There is concern that the term for officers is only one year. There is concern with continuity of leadership given COVID and the many Medicaid reforms in process. Ms. Smith suggested allowing the chair and vice-chair to serve more than one year.

Many MCAC members voiced support for the proposed amendment. The formal amendment will be brought for a vote at the June meeting. There is probably a need for additional review throughout the next year.

IV. Opportunity for Public Comment

Ms. Lauren Canary raised for the committee that those with chronic liver disease are at greater risk for COVID complications and mortality. As the committee reviews the prior authorization criteria in place for hepatitis C virus treatment, she would like to request that this additional liability be considered.

V. Announcements

No announcements.

VI. Adjournment

Mr. LeVota adjourned the meeting at 7:58 pm.